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The Leap of Faith Exploring Social Workers' Role in Therapeutic Foster Care and the Impact of Implementing the Strengths Perspective

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Abstract

The Leap of Faith: Exploring Social Workers' role in Therapeutic Foster Care and the Impact of the Strengths Perspective

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The strengths perspective has received significant attention in recent years in both academic and practice settings. Examining its implementation will provide important information about how it can function as a practice model, and therefore facilitate the development of this emergent model. The present study focuses on the implementation of a pilot project designed to incorporate the strengths perspective in therapeutic foster care. The study examines how the strengths perspective affects social workers' roles and responsibilities in therapeutic foster care, and what can be learned about the strengths perspective by examining its implementation in an agency setting. The findings show that social workers perceived substantial changes in their role in the therapeutic foster care process. It was also found that although the social workers had to struggle to discern a clear understanding of the strengths perspective, they were inspired once they had done so. In addition to indicating that the strengths perspective offers a promising alternative for therapeutic foster care, these findings point to the importance of struggling to develop a meaningful understanding of the strengths perspective. Although successfully incorporating the strengths perspective requires willingness on the part of social workers to stretch themselves, the finding from this study provide a persuasive argument for doing so.

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Dedication

This work is dedicated to the memory of my father Paul Kent, a social worker whose commitment to the mission lives on through the legacy he left behind; and to the spirit I see in my son Henry's eyes, they will always remind me of what is important in life.

"The true voyage of discovery consists not of seeing new landscapes,
but of gaining new eyes."

-Marcel Prost

"The human spirit glows from that small inner-light of doubt whether we are right, while those who believe with complete certainty that they posses the right are dark inside and darken the world outside with cruelty, pain and injustice."

-Saul Alinsky

Introduction

Therapeutic foster care emerged in the 1970s as a new option in the child welfare continuum. It provides an alternative to institutionalization for children in need of special care and out of home placement. However, this innovative programming model is based on deficit-based pathology model of human services (Wells & D'Angelo, 1994). As such it can be seen as involving a fundamental power imbalance that limits client's involvement in the decision making process (Saleebey, 1992). This has a negative effect on both client empowerment and the effectiveness of interventions.

The strengths perspective is a relatively new approach to social work practice. It grew out of the deconstruction of particular mental health concepts that kept social workers locked into a deficit-based pathology model of practice. The strengths perspective was first introduced in 1989, and was shortly thereafter followed by a book devoted to developing this new model (Saleebey, 1992,Weick et al., 1989). The strengths perspective involves working with people in a different way. Instead of focusing on dysfunction, the strengths perspective holds that function- as in capacities, resources, and strengths, provides a better option for moving forward and helping people affect the desired changes in their lives. The goal is to amplify client's strengths, to empower them to control of their lives (Saleebey, 1992). Clearly, the strengths perspective provides an alternative to the deficit-based model that could significantly increase the effectiveness of therapeutic foster care.

The strengths perspective quickly emerged as an important model emphasized in social work education and practice. However, the popularity enjoyed by the strengths

perspective is not matched by the depth of understanding concerning this new model. Although it has come to enjoy wide spread support, few are able to discern substantive differences between the strengths perspective and traditional models of social work practice. Furthermore, there is a lack of information concerning the implementation of the strengths perspective in program or agency settings. This is an obstacle that stands in the way of its wide spread application.

In 1996 Family Alternatives, a Minneapolis based therapeutic foster care agency, initiated a strategic planning process that led to the development of the Kids Capacity Initiative, a pilot project designed to develop a strengths based model of therapeutic foster care. The Kids Capacity Initiative provides an opportunity to examine the effect of implementing the strength perspective in a therapeutic foster care setting, as well as the process of implementing the strengths perspective in an agency setting. Thus, the present study will seek to address the questions: How does the strengths perspective affect social workers' roles and responsibilities in therapeutic foster care; and, What can be learned about the strengths perspective by examining its implementation in an agency setting?

Literature Review

In working to address this question the study will draw on the following areas: therapeutic foster care; strengths perspective; and Family Alternatives and the development of the Kid's Capacity Initiative.

Therapeutic Foster Care

Therapeutic foster care has emerged as an innovative model in the child welfare system. Therapeutic foster care programming originated in the 1950s, but it was not until the 1980s that it was implemented on a widespread basis. Although these programs are known by a number of different names, including Therapeutic Foster Care, Specialized Foster Care, and Foster Family-Based Treatment to name a few, they share the same basic features. They are designed to provide an alternative for youth in need of both out of home care and therapeutic treatment, that would otherwise be referred to more restrictive institutional settings (Bryant & Snodgrass, 1990; Hawkins, 1989; Hudson & Galaway, 1989; Meadowcroft, Thomlison & Chamberlain, 1994).

Therapeutic foster care provides a family-based option for young people with special needs which synthesizes the treatment technologies developed in institutional settings with the environmental advantages of family living. In so doing, they avoid many of the problems associated with institutionalization, such as the negative peer modeling effect and the adjustment to institutional living. Young people also benefit developmentally from the normalizing influences of family life and their capacity for individualization (Webb, 1988; Meadowcroft et. al., 1994). Yet, these programs differ from foster care in that they are based on a structured treatment plan aimed at

ameliorating children's' problems. As such, foster care is transformed from a custodial service into a therapeutic modality (Maluccio, 1989). Thus, therapeutic foster care can be seen as an adaptive hybrid that offers an alternative to both foster care and institutionalization for young people who are not appropriately or adequately served in either program type (Bryant & Snodgrass, 1990).

Historical Antecedents of Therapeutic Foster Care

The evolution of family foster care and institutional care for young people provide the historical backdrop for the emergence of therapeutic foster care (Bryant, 1981; Hawkins, 1989; Hudson et. al., 1994). An understanding of these historical antecedents allows for an appreciation of therapeutic foster care as a distinctive approach. In the mid-1800s, at the height of the industrial revolution, the combined effects of industrialization, urbanization, and immigration contributed to a dramatic increase in social need. At the same time, the developmental view of childhood that had recently emerged led to a growing recognition of the inappropriateness of almshouses for young people. Almshouses served as warehouses where destitute and troubled people of all ages were sent. Confronted by this challenging situation, city planners sought desperately for effective responses. By the late 1800s, almshouses had been legally replaced by orphan asylums and the placing out system (Trattner, 1994).

Modern foster family care grew out of the practice of placing children out. Charles Loring Brace of the New York Children's Aid Society introduced the practice of 'placing out' as a solution to the growing numbers of destitute young people living on the streets. The young people, many of whom had living parents, were sent in 'orphan

trains' from eastern cities to live with families in the developing agricultural west. At the time, placing out was viewed as a major step forward, for it not only rescued children from the streets of the city, it placed them in an idealized rural environment, provided much need farm labor, and helped to "drain the city" of this "dangerous class" (Bryant, 1981; Trattner, 1994).

In response to growing criticism, the placing out system gradually changed over the years. The practice of selecting young people for placement on the sole basis of poverty, even if they had family, came to be seen as a discriminatory attempt to break up 'unworthy families' (Abramovitz, 1996). Furthermore, the placing out system overlooked individual needs of young people. Prospective homes were not investigated either before or after placement, which led to great discrepancies in the children's treatment. These shortcomings of the placing out system led to the emergence of child welfare services. The introduction of 'boarding-out,' whereby host families were paid to provide care, helped provide more individualized services for young people. The boarding out system stressed the importance of careful investigation of prospective homes to insure that they would respond to the individual needs of young people (Bryant, 1981).

The 1909 White House Conference on the Care of Dependent Children extended official recognition to the family care model. The Conference brought together leaders in child welfare to recommend a plan for the care of dependent young people. The report adopted by the conference members stated that young people "should be cared for in families whenever practicable... The carefully selected foster home is for the normal child

the best substitute for the natural home" (Trattner, 1994, p.216). The further professionalization of child welfare that followed, in terms of the procedures for determining the need for and appropriateness of placements, marked the emergence of the modern foster family care system. In 1935 federal money was assigned to support foster care through the Social Security Act. In spite of ongoing criticisms, foster family care has continued to grown as the preferred placement option for young people over the past sixty years (Bryant, 1981)

At about the same time that the practice of 'placing out' got underway, another important development occurred that would have a profound effect on the emerging child welfare system. Orphan asylums were introduced to provide an alternative to almshouses for young people. The development of institutional care specifically for young people played an important role in the emergence of therapeutic foster care.

The 1909 White House Conference had a significant impact on the development of children's institutions. By declaring that the foster home is the best substitute for the *normal* child, the conference report implicitly endorsed the need for other placement options for young people who were not "normal." In so doing, they inadvertently created a dual system of care, foster care for 'normal' children, and institutional care for 'other' children (Bryant, 1981). This led to a trend towards specialization in institutional care. Various institutions were created to provide for special groups of young people including, "retarded," delinquent, and physically handicapped. Over the years, these institutions developed treatment procedures designed to positively affect the difficulties young people faced (Bryant, 1981; Hawkins 1989). By the late 1940s residential

treatment centers emerged that were designed to provide a comprehensive treatment milieu. Residential treatment centers included large institutions converted from homes for dependent children or training schools for delinquents, children's wards in psychiatric hospitals and smaller cottage-based programs. These centers attempted to structure children's total living experience in a therapeutic manner under the supervision of mental health professionals.

Emergence of Therapeutic Foster Care

Therapeutic foster care emerged out of residential treatment centers in the 1950s and 1960s (Bryant & Snodgrass, 1990). Institutions were faced with the challenge of serving the increasing number of young people with special needs that were entering the child welfare system in the post-war years. Therapeutic foster care was introduced by institutions as an aftercare program to serve young people who no longer needed institutional treatment, but still required a level of care that was unavailable in normal foster care.

The function of early therapeutic foster care programs was basically the same as regular foster care, to provide nurturing custodial care to young people. If ongoing treatment was required it was provided outside the home in structured institutional settings. In this way, these special foster care programs differed from regular foster care only in terms of the level of care required by the young people, "Foster parents were asked not to serve differently but to serve more" (Bryant & Snodgrass, 1990). However, due to the added demands placed upon foster parents, they were paid at a significantly

higher rate in comparison to regular foster care, and were provided additional caseworker support.

The segregation that characterized the evolving child welfare system was challenged by the deinstitutionalization movement of the 1960s and 1970s (Bryant, 1981; Bryant & Snodgrass, 1990; Hawkins, 1989). Beginning with the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963, that led to the replacement of institutional facilities with community based services, the assumption that 'special populations' should be separated from 'normal' people was replaced by the principles of 'normalization' and 'integration.' Later, the 1973 Education for All Handicapped Children Act stated that special education should be provided to young people with special needs in the 'least restrictive' environment. This legislation extended the principles of normalization and integration to public schools through the practice of 'mainstreaming' young people with special needs in normal classes whenever possible (Bryant & Snodgrass, 1990).

In 1974 a federal count ruling from the case of Gary v. the Louisiana Department of Health and Human Resources stated that the principle of least restrictive environment applied to the area of residential placements for children with disabilities. The court defined a continuum of residential services based on the restrictiveness of setting that extended from the biological family through foster family and group home to institutions as the most restrictive placement option. In the wake of this ruling, a service gap emerged in the traditional approaches, that was filled by the further development of therapeutic foster care.

The therapeutic foster care programs that emerged in the 1970s differed from those of the 1950s. Although drawing on the model of the earlier versions, the locus and personal of treatment was shifted from the clinician in the institution to the foster parent in the therapeutic foster home. This gave rise to the distinctive blending that characterizes therapeutic foster care, foster care as a therapeutic modality.

A number of other factors have been identified that contributed to the development of therapeutic foster care (Hawkins, 1989; Meadowcroft et. al., 1994). Along with regular foster family care, institutional care for young people, and the deinstitutionalization movement, developments in behavior-change technology, the accountability crisis of the 1970s, and the dissemination of their positive effects have all been cited as having contributed to the rapid expansion of therapeutic foster care programs.

The development of new treatment methods that could be implemented in community settings by people with only minimal training allowed for the shift in the locus of treatment that characterizes therapeutic foster care. Whereas earlier psychoanalytic 'talk therapies' required highly specialized technicians, new behavioral approaches, such as behavior modification, could be effectively implemented by foster parents with only a minimum of special training (Bryant & Snodgrass, 1990; Hawkins, 1989).

The emphasis on accountability that emerged in the 1970s contributed to the development of therapeutic foster care programs due to their cost effectiveness. Therapeutic foster care programs were seen as an inexpensive placement option capable

of producing promising results. This led to the creation of many new therapeutic foster care programs. A 1994 survey of therapeutic foster care programs found that only seven existed prior to 1975. An additional 29 were opened between 1975 and 1979; 71 were opened between 1980 and 1984; 112 were opened between 1985 and 1989; and 83 between 1990 and 1992 (Hudson et. al., 1994). The rapid expansion of therapeutic foster care programs led to the establishment of a formal organization representing therapeutic foster care programs. The Foster Family-Based Treatment Association was founded in 1988 "to promote, develop, improve, and support the quality of treatment foster care" (Meadowcroft, 1995).

Research on Therapeutic Foster Care

Therapeutic foster care is a relatively new program model, and as such much of the research is characterized by the struggle to articulate a clear definition of what it is. Research has consisted of both descriptive studies of program characteristics (Hudson et. al., 1994 & 1992; Snodgrass & Bryant, 1989; Webb, 1988), and outcome studies of the results they have produced (Chamberlain, 1990; Colton, 1990; Meadowcroft et. al., 1994).

Descriptive studies have sought to identify the characteristics that distinguish therapeutic foster care programs from residential services and traditional foster care programs. Therapeutic foster care is characterized by the unique roles of therapeutic foster parents, professional staff, and programs (Webb, 1988). Therapeutic foster parents are paraprofessional members of the treatment team (Galaway, 1989; Hudson et. al., 1992; Webb, 1988). Therapeutic foster parents are responsible for implementing

treatment plans in the context of their own homes. As a result, they are compensated at a higher rate then traditional foster care, and are required to attend extensive pre- and in service training (Hudson et. al., 1994). Therapeutic foster parents are also supported by more extensive case management services. Therapeutic foster care social workers have lower caseloads than in traditional foster care, to allow for closer and more extensive contact with therapeutic foster parents and children (Hudson et al., 1994). Program staff are also responsible for designing and overseeing individualized treatment plans for young people in the programs (Webb, 1988).

Although there have been disagreements concerning the exact definition of treatment foster care (Galaway, 1989; Snodgrass, 1989), a consensus has emerged concerning the basic elements of therapeutic foster care programs (Hudson et al., 1994). Therapeutic foster care programs have been identified by the following characteristics:

> 1) The program is explicitly identified as a special or treatment foster care program with a name and budget; 2) Payments are made to care givers at rates above those provided for regular foster care; 3) Training and support services are provided to the treatment foster parents; 4) A formally stated goal or objective of the program is to serve clients who would otherwise be served in a non-family institutional setting; 5) Care is provided in a residence owned or rented by the individual or family providing the treatment services; 6) The treatment foster parent is considered a member of a service or treatment team (Hudson et al., 1992, 52).

A survey of therapeutic foster care programs found that, of the 321 programs that responded and met these criteria, therapeutic interventions are based on one or a combination of the following therapeutic approaches (in descending order): behavior modification, social learning theory, family therapy, systems/ecological, psychodynamic, and reality therapy (Hudson et al. 1994). Although the programs are based on a variety of theoretical orientations, they all rely on deficit-based approaches. Meadowcroft et al. (1994) states that, "Because treatment foster care provides therapeutic services, the theoretical orientation towards psychopathology should drive these programs' interventions" (p. 568). Thus, the characteristic blending of residential therapeutic and family foster care resulted in the development of a medical model of practice in treatment foster care (Wells & D'Angelo, 1994).

Outcome studies of therapeutic foster care have focused on their ability to provide an effective alternative to residential placements. A number of outcome studies have been conducted using systematic data collections. Program evaluations have used control groups to compare treatment foster care with residential settings (Chamberlain, 1990; Colton, 1990). Colton (1990) compared care practices in treatment foster families and residential homes to study what these settings entail for children placed in each. The study focused on four dimensions of care practices: the management of daily (and other recurrent social) events; children's involvement in community activities; the provision of physical amenities; and the controls and sanctions used by care givers. The study utilized the Index of Child-Management Scale, and found that treatment foster care is more 'child oriented' than residential settings (Colton, 1990).

Chamberlain's 1990 study focused on treatment foster care's ability to interrupt the trajectory of seriously delinquent youths by examining the rates of incarceration before and after treatment. Sixteen subjects between the age of 12 and 18, both male and female, that had been committed to a juvenile corrections institution were placed in therapeutic foster care. The experimental group was matched to a control group who received other residential services in the community. A higher proportion of experimental cases completed their six-month program placements (75%) rather than being revoked to the institution (18%) or running away (7%), compared to the control group, (31%, 25%, 44%, respectively). Incarceration rates were lower for the experimental group at both one and two years post-treatment. Thus, the study's main hypothesis that therapeutic foster care placement would be effective in reducing recidivism was supported (Chamberlain, 1990). These findings indicate that therapeutic foster care provides an effective alternative to residential settings.

However, these studies are constrained by several limitations that stem from a lack of rigorous experimental models. The absence of random assignment, and repeated pre-treatment posttest measurements compromises the generalizability of these findings, and the infrequent use of standardized indicators of progress significantly constrains the significance of these findings. There is also a lack of information concerning the program processes of therapeutic foster care that account for these positive outcomes (Hudson et al., 1992). Due to the inability to focus investigation on these critical components, it is unclear what is being compared to what, and therefore severely undermines these findings (Meadowcroft et al., 1994; Wells & D'Angelo, 1994).

The Strengths Perspective

The strengths perspective is a relatively new model of social work practice. It arose out of Ann Weick's early articles on the deconstruction of particular mental health concepts that kept practitioners locked into a deficit-based pathology model of practice (Wieck, 1983). The strengths perspective was first introduced into the literature in 1989 by Ann Weick, C. Rapp, W. Sullivan, and W. Kisthardt (Weick et al. 1989).

The central tenet of the strengths perspective is that the capacities and resources of people and their environment, rather than problems and pathologies, should be the central focus of the helping process in social work (Saleebey, 1992). Examining this distinction provides the basis for a general understanding of the strengths perspective.

Modern social work practice involves a process of identifying problems - assessment, and looking for 'cures.' As such it is a deficit approach, in that the main focus is on discovering the sources of clients' problems (Cowger, 1994; Saleebey, 1992; Weick et al., 1989). Although the importance of recognizing individual strengths is not new to social work, there remains "a subtle and elusive focus on individual or environmental deficit and personal or social problems" (Wieck, et al., 1989, p. 350). Modern social work stresses identifying problems as the central task of the helping process. A straightforward deductive logic pervades the model, problem identification gives way to interventions that alter the nature of the problem and result in its resolution. For this reason Weick et al. (1989) point out that, "The difficulty or problem is seen as the linchpin for assessment and action" (p. 351). For this reason, modern social work can be seen as based on a deficit focus.

Modern social work's deficit focus leads to a number of problems. The problems with the deficit focus are three fold; First, the problem invariably is seen as a lack or inability in the person affected; Second, the nature of the problem is defined by the professional; Third, treatment is directed towards overcoming the deficiency at the heart of the problem (Weick et al., 1989. p. 352). The first of these problems involves the fact that deficit based assessments lead to individualistic explanations. Instead of focusing on environmental factors, the blame is placed within the individual. As such people are told they are the cause of their problems, in what often amounts to a process of blaming the victim.

The second problem is clearly a power issue. The assessment process is determined by and occurs in a language that belongs to the clinician. As indicated above, the deficit approach to problem solving focuses on a process identifying 'the problem.' As such, the power of defining what the problem is, and therefore giving it life, is defined by the clinician. In effect, people are left as passive bystanders in the process of shaping the nature of their difficulties- an eminently political act. In this way, the deficit approach involves a profound power imbalance, which undermines the empowerment of people.

The third problem concerns the goals established by a deficit approach. Instead of focusing on people's own goals, the problem itself becomes the main target of intervention. Once 'the problem' has been identified, efforts are aimed at undoing its inherent characteristics, and people's goals are set to the side. Such a process encourages the belief that 'problems' have clear cut identifiable solutions, such that defining it

becomes the definitive moment in the helping process. As a result, solution of 'the problem' becomes the central goal of the deficit approach. Thus, these difficulties of modern social work disempower individuals, and stand in the way of their growth and development.

The strengths perspective is an alternative approach that is aimed at redressing the traditional view. It involves looking at people and their situations through a different lens. Instead of focusing on problems, the strengths perspective focuses on peoples' inner abilities and external resources. It involves working with people to help them discover the assets they possess for working toward their goals. In this way, the strengths perspective involves empowering clients to work towards their goals. As such it can be seen as providing an alternative to social work's traditional 'problem' orientation (Saleebey, 1994).

A comparison with the difficulties in social work's traditional focus will help to clarify the uniqueness of the strengths perspective. Where as the deficit model focuses on problems within individuals, the strengths perspective highlights individuals' capacities. The process involves helping people to acknowledge their ability to improve their situations. For this reason, assessment follows a very different course. Instead of 'diagnosing' the problem, assessment involves working with people to identify personal abilities and environmental resources that can be used in working towards their goals (Saleebey, 1992).

This understanding of the assessment process indicates a clear difference in relation to the second difficulty of the deficit model. Whereas the 'professional' retains

control of the process in the deficit model, working from a strengths perspective involves a collaborative effort. The practitioner encourages the client to define their own understanding of their situation. The objective is to help people construct an understanding of their situation that incorporates both their desired outcomes, as well as the resources that they can draw upon to achieve them. Thus, working from the strengths perspective the process is determined by the people being served.

This leads to the third difficulty of the deficit approach. Whereas the deficit model invariably leads to 'correcting' the problem as the goal of the helping process, from a strengths perspective goals are defined by the people's objectives (Saleebey, 1992). For example, from a deficit perspective unemployment is often seen as stemming from an individual's 'problems.' As such, intervention is directed towards correcting the problem, or changing the individual. As noted above, the individual's problem is established as the central goal in the process. Thus, the strengths perspective involves mobilizing peoples' capacities so that they can work towards goals that they have established for themselves.

Cowger's (1994) analysis of the power dynamics inherent in the helping process helps clarify the goals of the strengths perspective. He argues that by targeting the client as the source of the problem, the deficit model places responsibility for people's problems on themselves. It blames the victim. In this way, it overlooks the social factors that contribute to people's negative situations. For example, instead of focusing on economic and social structures that do not provide adequate opportunities, a deficit approach locates the problem of unemployment with individuals' weaknesses. For this reason, Cowger (1994) states that, from a political point of view, a deficit based

assessment "reinforces the political status quo in a manner that is incongruent with clinical practice that attempts to promote social and economic justice" (p. 264). However, by working towards clients' goals, the strengths perspective approaches unemployment in terms of their desire to get a job. The process involves working towards people's goals by focusing on their strengths and resources. As a result, the practitioner's attention is shifted from a focus on 'problems' to a collaborative process of looking for possibilities. Furthermore, if economic or social structures are obstacles, a strengths perspective encourages individuals to examine alternative ways they can work towards their goals, including work at the macro level to challenge these social conditions. In this way, the strengths perspective involves a holistic, or systems focus to empowering clients. Thus, client empowerment is a central goal of the strengths perspective.

The strengths perspective is presented as "a dramatic departure from conventional social work practice" (Saleebey, 1997, p. 3). It is described as involving a different way of looking at individuals, families, and communities (Saleebey, 1992, 1996, 1997; Weick, Rapp, Sullivan, & Kisthardt, 1989). The strengths perspective rejects the deficit focus of modern social work by arguing for the need to cultivate a focus on clients' strengths and resources. For example, Saleebey (1997) states that,

> "Practicing from a strengths perspective demands a different way of seeing clients, their environments, and their current situation. Rather than focusing on problems, your eye turns towards possibility. In the thicket of trauma, pain, and trouble you can see blooms of hope and transformation. The formula is simple,

mobilize clients' strengths (talents, knowledge, capacities, resources) in the service of achieving their goals and vision and the clients will have a better quality of life on their terms" (p. 4).

In this way, the strengths perspective is described as involving a 'different lens.'

The strengths perspective's claim that the helping process should focus on people's capacities and resources rather than on their problems, is often understood in a rather simplistic way that fails to grasp the depth of this approach (Saleebey, 1992). Developing a deeper understanding of the strengths perspective requires focusing on the underying assumptions that distinguish it from modern social work. The strengths perspective is based on a fundamentally different understanding of the nature of reality.

The strengths perspective's alternative focus emerges from a unique theoretical orientation. Although the concept of a constructivist approach is poorly articulated, there is a clear connection between the strengths perspective and social constructivism, or post-modern social theory. References to, and suggestions of constructivist social theory, are a prominent feature in the strengths perspective literature. Authors indicate this constructivist orientation in a number of different ways, such as by contrasting the strengths perspective with empirical based approaches (such as the medical model), and through the inclusion of prominent constructivists theorists, such as Berger and Luckmann, Gergen, and Foucault. However, the connection between the strengths perspective and constructivist theory is poorly articulated, and, as a result remains vague and unclear. Thus, although a constructivist approach is clearly implicit, and often referred to in the literature on the strengths perspective, this connection is poorly

developed. For this reason, an examination of the constructivist nature of the strengths perspective is required so that it can be understood in a more meaningful way.

The strengths perspective has been used with a wide variety of clients in a broad range of settings. It has been used in work with the severely mentally ill (Kisthardt, 1992; Rapp, 1992; Sullivan, 1992), people with disabilities (Mackelprang & Salsgiver, 1996), children with emotional disabilities (Poertner & Ronnau, 1992), the elderly (Perkins & Tice, 1995), and homeless women with children (Thrasher, 1995). The strengths perspective has been shown to provide a powerful alternative to modern social work's deficit focus.

Family Alternatives and the Kids Capacity Initiative

Family Alternatives (FA) was founded in 1978 by a group of foster parents and diverse professionals from throughout the Twin Cities metropolitan community. At that time, with few private foster care resources in Minnesota, the founders of FA believed that an organization created and staffed by foster parents and community leaders could make a positive difference in the lives of children. The goal was, and remains, to provide a nurturing family setting for children, particularly those with special behavioral or emotional needs, who must be placed outside their home of origin. Family Alternatives' mission statement reads:

> "Family Alternatives is a private, non-profit agency dedicated to providing specialized foster care for children. Using a professional team approach and community resources, Family Alternatives is committed to meeting the needs of children by building and maximizing their self-sufficiency. The organization

strives to be a participant in formulating county, state, and national policies and educational programs to improve services to children" (Family Alternatives, 1999).

In working towards its mission, Family Alternatives is committed to four essential values:

(1) An experience of family which fosters growth, development and respect for each person as the foundation for community, connection and continuity;

(2) A unified and integrated program of services for each child that demands creative inquiry, open and honest communication, collaborative efforts that promote well-being for all communities;

(3) Leadership and service through a variety of special assignments and programs which connect the agency with various communities and help promote effective public policy;

(4) The power of diversity to enhance and strengthen the organization and its services.

Family Alternatives assesses, trains, supervises and pays professional parents to provide care and guidance to young people in their own homes. Family Alternatives' foster parents receive ongoing support, training, and supervision by a skilled, competent and culturally diverse program staff. Family Alternatives receives referrals for placements of young people from all Minnesota counties; however, most referrals are

made within the nine-county Minneapolis/ St. Paul metropolitan area. All Family Alternatives foster care homes are located within a 50-mile radius of the main office.

The program at Family Alternatives mandates an 18:1 social worker-to-young person ratio and requires comprehensive training for its foster parents. Family Alternatives' foster families receive 24 hours of annual training per foster parent, as compared to other county foster families which may receive as few as six hours of training per year.

In 1997 Family Alternatives began a comprehensive planning process. To develop the plan, Family Alternatives hired an independent facilitator to coordinate the planning process and created a planning team involving staff, members of the board of directors, and foster parents. They held five focus groups with a variety of populations, with particular emphasis on the participation of youth in foster care, and Conducted interviews with seven foster care experts from throughout the U.S. The planning team analyzed the information collected to identify what worked in the Family Alternatives program, what was missing, and what new directions the agency might go. The team then identified strategic priorities for the organization, and made its recommendations to the board of directors.

Based on an extensive literature review, conversations with foster care experts nationwide, and feedback from youth that have been or were still in foster care, Family Alternatives determined that it must: develop a strengths-based approach of assessment and programming, and develop systems for evaluating programs and measuring outcomes, so that a new model for serving children and families can be described and replicated. The

planning team and board of directors created the Kids Capacity Initiative (KCI) to begin the implementation of this change in the organization's focus.

Although the organization would continue to do the work it has done since 1978, KCI involves a fundamental change in the way it does this work. As in the current system, the ultimate goal of KCI is to ensure that children and youth in foster care will make successful transitions to healthy and permanent living situations through reunification with their families, adoption, or independent living. However, unlike the current system, that focuses on children's problems, KCI will recognize young peoples' strengths, assets, and goals as the core from which all positive developments spring.

To accomplish this paradigm shift, it was decided that KCI would focus on three key areas: Programming and assessment, life-long attachments, and community connections. Following these strategic priorities, Family Alternatives created a committee to develop and further define the Kids Capacity Initiative during the first six months of 1998.

The philosophical spirit that drove the planning committee's efforts emerged out of the focus groups and is inherent in the project's name. The Kids Capacity Initiative is based on the conviction that all young people have the capacity to be resilient, competent, contributing members of the community. This belief is supported by a growing body of knowledge and research. It asserts that "by placing the emphasis on the already-realized positive capacities of an individual, the individual will be more likely to continue development along the lines of those strengths" (Weick et. al., 1989). Adopting this approach would involve a radical shift from current foster care practices, which tends

to base treatment plans solely on a young person's problem and deficits rather than their strengths and assets.

Members of the KCI planning committee, composed of Family Alternatives staff, youth in foster care and foster parents, researchers from the faculty of Augsburg College and the University of Minnesota, were charged with defining four key areas in which the strengths-based ideology might inform, and eventually reform, foster care practices. These areas, which form the core of the KCI pilot program, are Assessment, Training, Language and Evaluation.

Assessment Current methods of assessing young people for foster placement and treatment, including the most widely used assessment instruments, are rooted in problems: emotional, behavioral, psychological, educational, as well as others. KCI develops and uses assessment instruments that work to reveal each young person's strengths and capacities.

One instrument used in KCI is the Piers-Harris Children's Self-Concept Scale, published by Western Psychological Services (Piers & Harris, 1983). This scale consists of 80 statements such as, "I have good ideas," "I like being the way I am," and "I can draw well." The instrument is designed to measure children's concepts of their own behavior, intellectual and school status, physical appearance and attributes, anxiety, popularity, happiness and satisfaction.

In addition to the Piers-Harris, children enrolled in KCI are asked six open-ended questions such as, "What are your favorite hobbies of activities?" and "What do you want to do when you grow up?" Foster parents use an assessment instrument called the

Behavioral and Emotional Rating Scale, or BERS, subtitled "A Strength-Based Approach to Assessment (Epstein & Sharma, 1989)." This tool is used as the basis for each child's goal-setting plans. Family Alternatives social workers continue to use the Child and Adolescent Functional Assessment Scale, or CAFAS, which is designed to measure progress (Hodges, 1995).

Training Effective implementation of KCI involves training of foster families and social workers in using a strengths-based model. After studying several programs, the KCI committee determined that the Health Realization Model is the best fit for Family Alternatives.

Language Affecting the desired paradigm shift requires a new language. To this end, the KCI Language sub-committee, made up largely of young people now or previously in foster care, proposed many changes in the current philosophy, practice and terminology – and in how that terminology is used. The subcommittee noted, for example, that "written information should always be written with the understanding that the person it is written about may read it. This is considered to be respectful to kids."

Proposed changes include *transition home* to replace "foster home;" *kids in transition* to replace "foster kid;" *transitioning into* instead of "placement;" *transitional parent* instead of "foster parent;" *circle of support* to replace "treatment team;" and *relationship building* rather than "visitation." These changes involve more than simple terminology, they are outward expressions of deeper programatic changes. They reflect changes in both practices and attitudes. For example, a young person's circle of support will differ significantly from a treatment team. Participants of a treatment team are

largely determined by social workers, and typically include a therapist and school representatives. The team agrees on a *treatment plan* that focuses on remediating the child's problems and meeting specific treatment goals. In contrast to this, a circle of support is designed with the young person as a key participant. The young person decides who will participate in their circle of support based on those they feel are important to them. In this way, the circle of support is designed to maintain and develop strong community connections and enhance young people's sense of control of their lives.

Evaluation Two major areas will be evaluated at the end of the KCI pilot: Whether the young people placed in foster care through the Kids Capacity Initiative have better outcomes than those placed though the current system; and whether the theories that gave rise to the initiative are borne out by the results. Evaluation of the progress and outcomes of the Kids Capacity Initiative are informed through interviews with participants, questionnaires, case notes, logs kept by transitional parents, standardized assessment instruments, and focus groups.

The Kids Capacity Initiative got underway in the fall of 1998. The pilot program, which was central to Family Alternatives' program development for the next two years, would:

- Run from September 1, 1998 through December 15, 2000;
- Involve 40 young people, ages 8 to 12;
- Add and/or reassign staff to ensure the pilot will be implemented fully and carefully;

- Encourage the active participation of kids in transition in every step of the process, from referral and assessment to goal setting and successful formation of lifelong attachments;
- Contract with Glenwood-Lyndale Health Realization Training Center to train FA and County social workers, transitional parents, families and caring adults in using a strengths-based model;
- Involve Hennepin County as a partner which follows KCI referral, planning, transitioning, and follow-up for a minimum of three months;
- Use a control group of young people placed in foster care and selected by Hennepin County to compare outcomes between KCI and the current foster care system;
- Work with Twin Cities One to One, an agency which facilitates mentoring relationship between adults and young people, to provide additional training and support to transitional parents and other adults who work with kids in transition;
- Work with the University of Minnesota's School of Social Work to evaluate the program; and
- Disseminate the program results and evaluation findings on a national basis at the end of the pilot in December, 2000.

The Kids Capacity Initiative and related activities work towards achieving the following outcomes for the young people involved: Feel they belong and are connected to family, neighborhoods and larger communities; possess a strong sense of worth and mastery; serve and/or participate in the community; experience academic success;

enhance their problem-solving skills; and, enhance their daily living skills.

Summary of Literature Review

This review of the literature provides the foundation for the present study. specialized foster care emerged in the 1970s as a hybrid of residential treatment programs and family based foster care. The literature shows that from its early origins specialized foster care has been characterized by its pathological focus. The strengths perspective has been developed as a response to the pathological focus that has come to characterize modern social work. As such, the strengths perspective could provide an alternative practice model for specialized foster care. There is no information in the literature about implementing the strengths perspective in a treatment foster care setting, or in any other agency settings. Family Alternatives, a Minneapolis based specialized foster care agency, has implemented a pilot project to study the effectiveness of a strengths based model of specialized foster care, the Kids Capacity Initiative. KCI provides an opportunity to study the effects of strengths based programming in a specialized foster care setting, as well as an opportunity to gain valuable insight into the process of implementing the strengths perspective in an agency setting more generally.

Conceptual Framework

The strengths perspective has been advanced as a response to the deficit focus of modern social work. The strengths perspective provides a new approach to social work that involves the use of "a different lens" (Saleeby, 1996). Whereas modern social work is based on an empirical scientific approach, the strengths perspective is based on a constructivist approach. This paradigmatic shift in the understanding of the nature of reality has a profound effect on both the roles and processes involved in social work practice.

Modern social work is based on a medical model that focuses on problems within individuals (Weick et al., 1989). It defines these problems as disorders or sicknesses that require treatment to be fixed or cured. Among the difficulties that emerge as a result of this orientation are the repressive power relationships to which it gives rise (Saleebey, 1992). For example, from this perspective practitioners define individuals' conditions and decide what will cure them. Practitioners are seen as 'experts' and given the power to define other people's situations--their realities, as well as to decide what they should do--their goals. On the other hand, those served are transformed into 'clients' who are responsible to do little more than cooperate and accept their situation as defined by the 'expert' (Goldstein, 1992). They have limited opportunities for active participation in the decision making (power) process. It should come as no surprise that this is often a profoundly disempowering experience for those in the subordinate position.

Based on a constructivist understanding of the socially constructed nature of reality, the strengths perspective principle of the 'suspension of disbelief' can be seen as

defending individuals' right to define their own reality. A modern scientific understanding holds that Truth that can be accessed through rational investigation. As Gergen (1991) points out, "through reason and observation, modernists believed, humans can discover the fundamental essences of the universe including the essentials of human functioning." In response to this modernist arrogance, constructivists argue that all meanings and identities are socially constructed through language and culture. In short, although rocks, trees, people and other things exist, our understandings of their meanings, identities, and 'realities' are socially constructed by culture.

Based this understanding of the socially constructed nature of reality, the practice of social workers defining clients' situations is exposed as a colonizing act. This is because doing so involves imposing the beliefs of the practitioner and of the social work profession upon clients. It can be seen as related to a process of normative social control. On the other hand, defending individuals' right to define their own reality can have a liberating affect (Wieck, 1989). Thus, by defending individuals' 'right reality,' the strengths perspective can be seen as breathing new life into the social work value of self-determination.

Based on this constructivist understanding of the strengths perspective, modern social work is understood as encompassing social work as it developed from the beginning of the century, based on a rational-deductive scientific method. Although there is a trend in contemporary social work to a move away from the medical model inherent to modern social work, the strengths perspective is distinguished by its direct challenge to the

medical model. Thus, the strengths perspective is understood as encompassing various approaches including solution-focused and narrative therapy.

The strengths perspective provides an alternative theoretical foundation upon which to reorganize treatment foster care. The medical model of practice has guided the development of treatment foster care (Wells & D'Angelo, 1994). As Wells and D'Angelo note (1994), "children are provided provided with a distinct treatment that is orchestrated and largely controlled by a team of agency professionals" (p. 141). The strengths perspective's emphasis on dialogue and collaboration would introduce a much needed equalizer in the treatment foster care process. Young people's active participation in making decisions would give them a greater stake in the process, and can be seen as a means of replacing the disempowering effects of the medical model. Thus, the strengths perspective provides a theoretical orientation for therapeutic foster care that emphasizes youth empowerment.

Methodology

Research Design

The present study is a formative evaluation of Family Alternatives' pilot project, Kids Capacity Initiative (KCI). The goal is to provide practical information that can be used to fine tune this innovative programming effort. The study will provide insight into the program processes involved in specialized foster care, and the merit of reorganizing it from the strengths perspective.

The study addresses the following questions: how does the strengths perspective affect social workers' role in therapeutic foster care?; and, what can be learned about the strengths perspective by examining its implementation in an agency setting? These questions are well suited to examination based on a qualitative methodology. Qualitative research permits one to examine issues in depth and in detail, makes it possible to approach a problem without the use of predetermined categories, and allows the experience of the individuals studied to emerge from the data (Patton, 1990). Furthermore, basing the study on a qualitative design maintains its compatibility the study's post-modern theoretical orientation.

Key Concepts

In conducting research the study will focus on a number of key concepts:

Modern social work. A scientific approach to social work based on a logical positivist understandings of the nature of reality. Modern social work involves a medical model approach to practice and a deficit focus.

Deficit focus. An emphasis on people's problems at the expense of their

capacities and recourses.

Medical model. Viewing people's problems as sicknesses that need to be cured by a knowing expert. This creates a fundamental power imbalance in favor of practitioners at the expense of those served.

Strengths perspective. A social work theory designed to redress the short comings of modern social work. It is based on a constructivist understanding of reality, and as such can be seen as a form of post-modern social work.

Right to reality. A core principle of the strengths perspective that recognizes people's narratives and stories as providing the legitimate source of truth, which is unique and specific.

Colonization. Based on the concept of the right to reality, the attempt to impose one's own understandings on others is seen as a violent act to define their narratives and stories and thereby seize control of their reality.

Empowerment. Involves encouraging people to actively participate in the process of identifying, naming, and making decisions so as to help them discover the power within themselves, their families, and their neighborhoods.

Parallel process. Refers to the phenomenon in which the interactions between supervisor and supervise directly parallels the relationship between the social worker and the people they serve (Shulman, 1995).

Study Sample

Participants in the study were selected based on purposeful sampling. The KCI consists of only three social workers, all of whom were interviewed. Thus, the unit of

analysis were social workers involved in Family Alternatives' KCI pilot project. The social workers were interviewed to gain their understandings of how the strengths perspective affects therapeutic foster care and the social worker's role in it.

Instrument Design

Data was collected through in-depth interviews following the interview guide (Appendix A). The interview guide consists of twelve open-ended questions. Participants were asked to freely discuss their opinions, even if they diverge from the interview schedule, so as to obtain the most representational account of their opinions as possible. The interview guide was pre-tested on other Family Alternatives social workers to insure its face validity.

A number of questions were asked about participants' understandings of how the strengths perspective affects their role in therapeutic foster care. Their responses were comparatively analyzed to identify corroborating themes. The interviews were conducted within a period of two weeks between the end of March and the beginning of April in 1999.

Participants were interviewed in a setting that they feel comfortable talking at length about their perception of the KCI and their role as social workers in it. Two of the social workers chose to be interviewed at coffee shops, the other in the agency conference room. All of the interviews lasted about an hour, one slightly longer, the other two slightly shorter. The interviews were audio-recorded, and transcribed by the Family Alternatives receptionist. The participants were asked to avoid disclosing any identifying information during the interview to maintain anonymity. The subject's consent was

obtained prior to the use of any direct quotes taken from the interviews. Demographic information was collected on participants through a short multiple-choice handout (Appendix B). . All of the social workers interviewed have Masters' degrees in social work. They averaged 10 years of social work experience, and have been working at Family Alternatives an average of 6 years. Two of the three social workers interviewed were female.

Analysis of Data

The data collected through the interviews was interpreted using content analysis to determine common themes. Content analysis seeks to uncover themes and patterns in the data collected (Rubin & Babbie, 1997). The goal is to achieve saturation. Due to the subjective nature of the interpretive process, a second reader also analyze the text for themes. The second reader was a Family Alternatives social worker who is not part of the KCI pilot project. The themes identified by the two readers were compared to check for inter-rater reliability (Patton, 1990). The two readers had almost perfect agreement on the themes identified. The participants were also included in the interpretive process to further insure that the study's interpretations are accurate. Interviewees were given copies of their transcribed interviews, as well as an early draft of the themes identified, and they confirmed their accuracy.

Ethical Issues

The author of this study was an intern at Family Alternatives, assisting the social workers involved in KCI to incorporate the strengths perspective into their work. An internal evaluator raises an ethical consideration concerning the participants'

confidentiality. The subjects may have felt pressured to respond as if they have a clear understanding of the strengths perspective even if they do, and hence may be reluctant to give accurate information. This social desirability bias represent a potential source of systematic error (Rubin & Babbie, 1997). Triangulation will be used to minimize this potential threat to the study's validity.

Procedures for the protection of human subjects included: assuring the participants that their involvement in the study was strictly voluntary; following the principle of informed consent as directed by the Institutional Review Board; and editing out all identifying information to insure the participants' anonymity. Furthermore, participants were assured both verbally, and in the consent form that the information collected is for program development use only, it will not be used to evaluate them or their work.

Findings

The findings will be presented in terms of the ways interviewees perceived the strengths perspective as affecting their role in therapeutic foster care. In this section social workers' views will be presented and illuminated through quotes taken from the interviews. In the next chapter these views will be interpreted to explore their relevance in terms of practice and programming.

Family Alternatives began the implementation of the Kids Capacity Initiative (KCI in September of 1998. Three Family Alternatives social workers were hired to fill the new positions created by the pilot project, two as 'facilitators' and the other as a supervisor. In addition to these positions, a graduate student intern was included to act as a consultant. Numerous committee meetings were held during the first three months to plan the actual content of the pilot project. This included designing referral and intake forms, recruiting foster parents, as well as ongoing discussions exploring how the strengths perspective could inform and change the specialized foster care process. Staff training was a critical element in the initial stage of implementation. An informal reading group was organized so the social workers involved in KCI could read and discuss articles describing the strengths perspective and its application. Trainings were organized to present KCI to foster parents, the Family Alternatives board of directors, and referring social workers at the county. Finally, after months of preparation, the first youth was placed in a KCI 'transition home' in December of 1988.

Theme I) Fixing to Empowering Youth

The first theme that emerged concerned the way social workers relate to youth in The Kids Capacity Initiative. All of the social workers stated that the nature of their relationships with youth in care was different in the Kids Capacity Initiative. The interviewees stressed the change from a formalized professional role that focused on correcting emotional and behavioral problems, to one that is more casual and supportive that is focused on building relationships with youth in an effort to amplify their voice in the process. One of the social workers articulated this distinction in an interesting way by contrasting a more constrictive formalized role of professional social work and a looser youth worker role that stresses advocacy.

At the core of this more casual style is a focus on the importance of building relationships with youth. As one of the social worker stated it: "being with kids versus fixing kids [is about] entering into a relationship with them, with a desire to get to know them as a person." (001) Social workers noted that entering into relationships with youth in care allowed them to get a more accurate picture of what is going on from the youth's perspective. "I can find out from the kid's perspective what's going on in their lives, who they are, what their strengths are, what they do, and how they cope effectively." (002)

This concern to find out about the young peoples' perception points to a further distinction of this relational approach. Social workers stated that in traditional specialized foster care social workers are expected to be experts that possess the ability to determine what is best for youth in care on their behalf. However, KCI social workers

stated that adopting this new style involves abandoning the notion that social workers are experts:

> "For me KCI has involved letting go of the expert, letting go of the idea that I'm suppose to have the answers. I come to this journey as a professional with some experience and practice knowledge, but you know the kids are the captains of their own ships and my work that I do can only be directed by them. Answers are not inside of me, they're inside of the people we are serving. I can help them, I can bring them out and we can dig through the stuff together, we can brain storm as a team of people who are really caring about this child, but as far as having to be the expert, that's going to be different." (002)

In letting go of the assumption that they are experts, the social workers' role in the therapeutic care process is changed. Their role changes from designing treatment plans that will address youths' problems, to working with youth in care to bring them into the decision making process, so that their voices can be heard. One of the social workers noted that:

> [In the past] "I would have gotten my own plan going- this is what needs to be done. I would have identified that and then we would have started the work. [But with KCI] It's really been different, as to really have the kids direct what I'm doing. It's their plan, what they identify and that is a huge difference." (002)

Or, as another social worker put it: "I see my role as facilitating the kids' presence in the family and helping the kid kind of develop a voice in the specialized foster care process." (001)

This new role of working to bring youth into the decision making process is described as being the goal of the work. The social workers stated that the goal of working to amplify the voices of youth in care is to empower them. When asked about the meaning of youth empowerment, one of the social workers responded: "Where people feel like they are in charge of their own lives." (002)

One of the social workers summarized the first theme in stating that:

> "We've been working together to empower clients, giving up my sense of the expert, focus on building relationships, but the work we're doing is built in the context of the relationship that we have. I'm building bridges with clients." (002)

Theme II) Other Relationships

The second theme builds off the importance of building relationships described above in the first theme. The social workers stated that their relationships also changed with others involved the therapeutic foster care process. They described these changes as based on new working relationships that are less top-down, in the traditional bureaucratic manner, and more process oriented. As one of the social workers noted:

> "If you're going to work from the strengths perspective I have found that it has further and more far reaching implications than just client interaction… the strengths perspective affects the way I interact with my supervisor, and my agency as a whole. It's about finding the help in all those different areas. You can't talk about doing the strengths perspective with your clients and then go back and not practice those same interactions with other people. Where ever there is

conflict you have to find the help and strength in the people that you're working with, and it doesn't just apply to the clients that you serve." (002)

The social workers stated that this renewed emphasis on relationships not only affected their interactions with peers and supervisors, it also changed the way they related to foster parents. The social workers reported that they felt encouraged to develop and explore their relationships with foster parents. As one of the social workers stated:

> "I had to build a relationship with her [a foster parent] before we could talk about any specific practice issues, I needed to understand where she was coming from and understand who she was. It wasn't about what practice issue, what treatment plan, we had to go back and work on our relationship, who we were as people, who [the foster parent] was as a person, a woman, and as a mother. I needed to understand that and I was encouraged to do that." (002)

The social workers reported that this emphasis on relationships also helped them address another critical relationship that may often be avoided in foster care, the young people in cares' relationships to their biological families. According to one of the social workers,

> "It's always been hard to talk about, but now I'm more comfortable approaching that subject [biological parents] and expecting to kind of deal in the messiness because kids walk in with various understandings of why they are in care, and what their relationships with their biological parents will look like." (001)

The social workers said that this new emphasis on relationships was characterized by changes in the way they worked with others. They stated that they were spending more time working together in a mutually supportive fashion to look for solutions. "Certainly there seems to be more trust that those things [peer support] are going to happen and our energy seems to be directed more to the process of how we do the work." (001)

Social workers stated that by spending more time processing they were able to develop a more complex understanding of their role. For example, in discussing supervision, one of the social workers stated that: "[there is] more emphasis placed on the social worker's role in the situation and the worker's perception, and way less of presenting a case and going after the case or kid or family... it's much more tuned into our role in the process, and that's comforting to me." (001)

The social workers said that by spending more time processing they have developed a new appreciation for another important relationship that is critical in social work practice, their relationship to themselves. Social workers report that KCI has led them to more closely examine their impact in the process. "To be true to the model you really have to look at your own deeper reflection, looking at me and how the things I say and do affect those people in all those different categories." (002)

Or as one of the other social workers commented:

> "I've had to look in the mirror and ask myself how I affect the world. I think it starts with me and ends with me. All I can do is continue self-awareness, how I

perceive things and recognize how other people may understand them differently." (001)

Theme III) Getting it- Strengths

The third theme identified involves statements concerning switching to the strengths perspective. The interviewees all expressed similar views about the various struggles they faced in incorporating the strengths perspectives into their work. They stated that one of the main difficulties was that the current popularity of the strengths perspective has led to a widespread acceptance of a shallow understanding of it. As a result of its 'pop-status,' there are a lot of ambiguous and often misleading opinions made about, and attributed to, the strengths perspective. As one of the social workers remarked, "I feel like I'm having a hard time sorting and sifting through all the messages about what the strengths perspective is." (001)

The struggle to arrive at a clear understanding of the strengths perspective is exacerbated when colleagues assume that they understand it. Interviewees stated that it often seems that others have little more then a shallow understanding of the strengths perspective, which frustrated them as they struggled to articulate a deeper understanding of the strengths perspective. One of the social workers expressed this frustration by stated that:

> "The number one struggle for me is that [other social workers] think that they know what they're doing from a strengths perspective. How do you tell somebody that they don't know what they're doing from a strengths perspective?" (003)

One of the other social workers expressed their frustration, and expressed the desire to fine-tune this deeper understanding of the strengths perspective so that it could be more accessible to others:

> "I always feel like people take the strengths perspective and they see how it kind of fits into their world, and, my perception is, they believe that they know what it is. I think that we need to do a better job in clarifying how KCI and Family Alternatives is seeing the strengths perspective." (001)

In spite of the difficulties of deciphering clear messages about it, the social workers indicated that they had synthesized a coherent, if somewhat intangible, understanding of the strengths perspective. The social workers made statements that reflect a common constructivist understanding of the strengths perspective. This understanding is reflected in such statements as, "a huge piece of the strengths perspective [is the idea that], if you think you have the answer that's where the problem is." (002) The social workers indicated that they have integrated this understanding into their work in therapeutic foster care. As one of the social workers put it, "I continue to talk about it as a way of facilitating the kids' presence, voice, and spirit in the work that we do. Focusing on it and trying to facilitate its development in the process that we call specialized foster care." (001)

Regardless of the challenges involved in working towards a more complex understanding of the strengths perspective, the social workers stated that the struggle was worth while. They stated that this understanding reflected their own attitudes and beliefs better then social work's traditional medical model approach. One of the social workers

commented that this was, "because it aligns to my core values – how I instinctively relate, respect, and honor people." (001)

Theme IV) Energizing

The fourth theme emerged in response to questions about how adopting the strengths perspective has affected the social workers on a personal level. The interviewees all emphasized that developing a meaningful understanding of the strengths perspective and integrating it into their role in therapeutic foster care has had a rejuvenating effect on them. It has enabled them develop a more optimistic view of youth in care, that reaffirmed their belief in the possibility for change. According to one of the social workers, the struggle to come to terms with the strengths perspective has "absolutely" been worth it,

> "I feel hopeful, I feel possibilities and I feel like things can change. I feel empowered and competent- like maybe there is something to this social work. Before I started [KCI] I felt tired, drained, like what are we doing anyway, I felt like people just have problems and we're putting band aids on them. I felt like these people are messed up and they're going to continue to be messed up folks, and all we're doing is shuffling them through until they age out and be adult people with problems." (002)

The social workers stated that reaffirming their faith in the possibility for change has had a positive effect on them as individuals in terms of the way the experience their role in therapeutic foster care. One of the social workers stated that:

"It makes me feel a little bit of relief in believing that the person, worker, foster parent, kid, will come through whatever struggle it is. It lifts a certain heaviness from what I believe came along with the traditional social worker role." (001)

The interviewees stated that this new lightness has re-energized them and rekindled their spirits. As one of them put it, [The process has been] "energizing because… there is a rebirth of my helping spirit that really carries me through all these struggles and questioning of my ability and skills." (001) Or, as one of the other social workers stated, "The difference is, I say all the time, 'I love this work, this is the way it's supposed to be.'" (003)

Discussion

In this section the themes identified in the previous section will be examined in light of existing literature on therapeutic foster care and the strengths perspective. The interpretation of these themes will focus on exploring their relevance on the research questions, as well as examining their implications for programming and practice. Then, to conclude, recommendations will be made for further research concerning questions raised by the present study. However, prior to examining the study's findings, a couple of limitations that may impacted the study's design and implementation should be noted.

Study Limitations

First, the interviews were conducted only a few months into the implementation of the project. It could be expected that the social workers view would change as the program matured. It is difficult to speculate how further development of the program might alter social workers' perceptions of their roles. Clearly, follow-up interviews, at both a later stage in the developmental process as well as upon completion of the pilot project, would provide useful insight into the nature and impact of the changes in the social workers' roles reported in the present study.

Secondly, the interviewer was involved in the implementation of the project. As such, the interviewees knew the interviewer, and had a relationship to the interviewer as a colleague. This relationship between the interviewer and the interviewees, greatly increases the potential of social desirability bias. The social workers may have wanted to appear optimistic and enthusiastic about the impact of practicing from a strengths perspective in the eyes of a colleague.

Interpreting the Themes

The first and second themes provide answers to the primary research question, which is how does the strengths perspective affect social workers' roles and responsibilities in therapeutic foster care? The first theme identified concerns the way social workers relate to youth in the Kids Capacity Initiative. The respondents unambiguously reported that the strengths perspective had a significant impact on their role in the specialized foster care process. They stated that it fundamentally changed the way they related to youth in care.

The social workers' saw their role as having changed from that of expert, someone who can access the truth about clients' lives and are therefore the best ones to make decision for them, to a more modest and respectful role of facilitator, someone who works to encourage people to participate as fully as possible in the process of making decisions that will affect their life. The social workers described their new role as involving efforts to amplify young people's voices in the decision making process so as to empower youth in care. The social workers' statements corroborate what the literature states about traditional therapeutic foster care's pathological focus (Meadowcroft et. al. 1994), as well as the 'different lens' that characterizes the strengths perspective (Saleebey, 1996).

The social workers stated that the strengths perspective moved them to engage youth in a different way. They described this new style as less formal or professional, and more casual and supportive. They stated that they tried to stop imposing their agendas on youth, and took more time to get to know youth in care so that they could hear their voices, and help amplify their voices within the system.

This change in style points to a significant development in terms of realignment between social work's mission and practice knowledge. Weick (1987) has pointed out a schism between the values and knowledge that have been accepted as social work's foundation. An inherent disparity at the foundation of social work is reflected by its founding figures, Jane Addams and Mary Richmond. Addams represents social work's commitment to humanism and the worth of individuals. Richmond, on the other hand, represents social work's emphasis on practice knowledge and the role of science in the development of its methods. As argued above, science's faith in objectivism created a power imbalance that clashes with social work's values. Thus, as social work turned to the scientific method as a way to demonstrate its professionalism, it moved away from its values and mission (Specht & Courtney, 1994). However, the social workers' statements indicate that the strengths perspective offers an opportunity to harmonize social work's mission with a new perspective of its practice knowledge.

The findings from the first theme are congruent with what the literature states about the central goal of the strengths perspective, client empowerment. In addition, the social workers' description of the strengths perspective as involving their letting go of their role as experts, underlined by a new attitude of uncertainty, supports the position that social constructivist theory is at the core of the strengths perspective. More generally, the social workers' comments clearly indicate that they see the strengths perspective as providing a powerful alternative for therapeutic foster care. In this way, the first theme confirms this study's basic assumption, that incorporating the strengths perspective provides an alternative to specialized foster care's pathological focus. These findings also bring up a

topic that is not addressed in the existing literature, concerning the nature of relationships that emerge when working from the strengths perspective- respondents reported that their relationships became more casual. The informal nature of their working relationships will be addressed below.

The second theme identified in the findings concerns perceived changes in the social workers' relationships with others involved in the therapeutic foster care process, including peers and supervisors, foster and biological parents, and themselves. The respondents all stated that the strengths perspective had a pervasive leveling effect throughout the therapeutic foster care process. In a manner similar to the way that social workers saw their relationships as having changed vis-à-vis youth in care, the social workers reported that their relationships with their supervisor and the agency as a whole also changed. They stated that in contrast to the more rigidly hierarchical organizational structure that had existed in the past, the implementation of the strengths perspective effected a more supportive egalitarian environment.

The social workers reported that this leveling affect also impacted their relationships with foster parents. By encouraging social workers to engage foster parents in informal dialogue between real people, rather then the regular distant professional manner, social workers can be seen building the foundation of more collaborative relationships with foster parents. In so doing, the strengths perspective can be seen as having supported the integrity of the therapeutic foster care model as described in the literature. The literature defines therapeutic foster parents' role as paraprofessional members of the treatment team (Hudson et. al., 1992; Galaway, 1989; Webb, 1988).

The social workers stated that the strengths perspective's leveling effect in the therapeutic foster care process also carried over to relations with the youth in care's biological parents. This is an important finding in that the ability to address this difficult subject is likely to have a positive impact on young people's attachments, and hence minimize the negative affects of being removed from their family and facilitate reunification.

The social workers' statements indicate that having implemented the strengths perspective they have focused more on the effect they have, as individuals, on the lives of other people. This heightened sense of self-awareness can be seen as an indication of the social workers' acknowledgment of their power in the process, and the effect that their perceptions and attitudes have on other people's lives. In this way, the social workers can be seen as having been empowered through the process of implementing the strengths perspective. This is a significant finding in light of what is understood about the effects of parallel processing. Based on the parallel process concept (Shulman, 1995), it can be extrapolated that if social workers are feeling more supported, optimistic, and empowered by their relationship with their supervisors, they are likely to pass on similar feelings to youth in care.

The third and forth themes provide answers the second research question: What can be learned about the strengths perspective by examining its implementation in an agency setting? The social workers stated that the most challenging part of incorporating the strengths perspective was developing a clear understanding of it. The social workers stated that the proliferation of shallow understandings of the strengths perspective made

it much more difficult to discern a coherent understanding of it. In a sense, the difficulty the social workers faced can be seen as similar to the challenge of developing an understanding of Freudian psychoanalysis while people are discussing it based on popular expressions that derive from it.

In spite of this difficulty, the social workers seem to have been able to decipher a deep understanding of the strengths perspective. The social workers involved in KCI spent a lot of time examining the strengths perspective, and their statements reflect their efforts. As the above findings suggest, adopting the strengths perspective encouraged social workers to stretch themselves and engaging in critical self-examination of their role in the process. Taking the time to wrestle with the strengths perspective enabled them to develop a deeper understanding of the strengths perspectives as well as its implications for the role in the therapeutic foster care process.

Although the social workers had to devote additional time and energy to develop a deeper understanding of the strengths perspective, the research shows that they strongly believed that the effort was worthwhile both professionally and personally. Adopting the strengths perspective involved abandoning the assumption that they possess special access to the truth. Rather than focusing on diagnoses, the strengths perspective encourages social workers to support individuals' own stories, and to take a more proactive role in their lives, by nurturing their ability to affect their futures. In so doing, the strengths perspective leads to new opportunities for change, as well as greater flexibility and fun. The social workers stated that they become more optimistic about the likelihood of positive outcomes for the youth they serve, and that this new optimism

energized and rejuvenated them. The strengths perspective can be seen as having released social workers from the burden of knowing- a yoke of responsibility that comes with the expectation of being an expert.

Implications for Social Work Practice

The first implication of these findings for practice is simply that the strengths perspective does appear to offer a promising alternative for therapeutic foster care. In pointing out this finding, it is important to note that the present study can only support the position that it offers an alternative. Determining its merit as an alternative will require an examination of the outcomes for youth in the Kids Capacity Initiative. However, based on the parallel process concept, it can be extrapolated that if the strengths perspective energizes social workers, they in turn would be more energizing in the lives of the youth they serve, who would experience a similar sense of empowerment.

Perhaps the most significant implication of the present study for social work practice is the need to devote adequate time to the process of exploring the strengths perspective so that people can develop a richer understanding of it. The recommendation to others that wish to implement the strengths perspective in an agency setting is to see it as a process of exploration that requires a willingness to critically examine themselves and their role in the work they do. This change requires a willingness to invest oneself to this process.

Although such a commitment may seem like an unrealistic expectation to make of social workers, this study's findings provide a persuasive justification, or explanation, for such a request. The social workers involved in this study clearly stated that they felt that

the fruits of their labors "absolutely" made it all worth while. The third theme above indicates that effectively implementing the strengths perspective requires expending significant time and energy to develop an understanding of it. However, the fact that this new understanding is linked to increased job satisfaction, personal fulfillment, a renewed commitment to social work's mission, as well as anticipated corresponding benefits to those served, provides justification for such efforts to everyone involved in the process. Thus, adopting the strengths perspective may require a significant initial investment, but the projected profits are great.

Recommendations for Further Research

This study points to several areas deserving of further inquiry. As noted above, KCI's outcomes need to be examined to determine the merit of the strengths perspective as alternative practice model for therapeutic foster care in terms of outcomes where they mater most, for the youth they are designed to serve. Re-examining the findings of this study in light of a soon-to-be-completed outcome study of the Kids Capacity Initiative should be interesting. However, it will lead to another important question for further research, what are meaningful outcomes from a strengths perspective, and how would they be measured? What is, and how do we determine success from a strengths perspective? For example, traditionally when a youth in care runs away it is seen as a negative outcome. However, given the strengths perspective's emphasis on taking an active role in their lives, running away could be seen as a positive out come in certain situations. There seems to be a need for determining and for assessing strengths based outcomes.

These findings also point to the need for literature that more clearly explains what the strengths perspective is, and how to use it in practice. The needed material would address both the theoretical base, so as to more clearly distinguish it from traditional social work, as well as identify specific techniques for social work practice that could provide a guide to social work practice. For example, identifying core competencies involved in strengths based practice would be beneficial both in terms of helping social workers 'get it,' as well as providing a set of measurable variables for evaluation. Although social workers will still need to stretch themselves to adopt the strengths perspective, additional literature explaining the strengths perspective would make the process a little easier.

Another topic for further research involves the implication of the strengths perspective on social work boundaries. The social workers' descriptions of the way they relate to youth in care raises questions about nature of relationships fostered by the strengths perspective. The social workers stated that they relate to youth in a less formal or professional way that involved getting to know them as people. From a traditional social work perspective such relationships could be seen as verging on the edge of dual relationships. Thus, the more intimate personal relationships that the strengths perspective seems to call for needs to be examined in relation to social work ethics.

The last area concerns the strengths perspective's energizing affect, and whether it can be empirically substantiated by research. If so, what is its impact on career fatigue for social workers, and does it translated into the positive effects anticipated by the parallel process argument? The strengths perspective's energizing effect is a topic that

has not been addressed or identified in the existing literature. Substantiating it would provide a persuasive argument for widespread conversion. If we want social workers to make the commitment that adopting the strengths perspective seems to call for, it would be useful to be able to assure them that this leap of faith leads to a wonderful place.

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Appendix A

Interview guide:

This interview is designed to access your understanding of the impact of the strengths perspective on treatment foster care. The questions asked will focus on the way you see the strengths perspective as affecting the nature of foster care and your working relationships. Please discuss your opinions freely, even if they diverge from the interview schedule. The information collected will be used for the purpose of program evaluation only, and will in no way be used to assess you personally or professionally.

I) How do you think KCI compares to normal TFC?

a) How is it different than normal therapeutic foster care?

b) In what ways is it similar to normal TFC?

II) What do you see as the purpose or goal of KCI?

a) In what ways are KCI's goals similar to those of normal TFC?

b) In what ways are KCI's goals different than those of normal TFC?

III) In your opinion, what are social workers' role in KCI?

a) How is the social worker's role in KCI different than in normal TFC?

B) Could you give some examples of how you practice differently in KCI than you did in normal TFC?

IV) How do you think KCI affects your interactions with:

1) Foster parents?

2) Youth in care?

3) Bio-parents?

4) County social workers?

5) Supervisors?

V) What is your understanding of the strengths perspective?

a) Is it different than traditional social work? If so, how?

b) Is there anything that would help you better understand the strengths perspective (if yes what?)

VI) In what ways is the strengths perspective used in KCI?

VII) How does the strengths perspective affect KCI

VIII) Is there anything that you think would help you to more effectively practice from the strengths perspective?

a) Do you feel you were provided with adequate support? In what ways? what kinds of support? what else would have been helpful?

b) Do you feel that the program would benefit from more staff training (if yes in what areas... what topics)?

IX) How would you describe KCI to a social worker that knows nothing about it?

X) Is there anything that you think would help in the development of KCI? (If yes what?)

XI) Is there anything about KCI that you are concerned about? (If yes what)

XII) Before we conclude the interview, I would like to ask you to share your general thoughts and feelings about the process of implementing KCI, this interview, or anything else that has not been addressed. Please feel free to say what ever is on your mind.

Appendix B

Demographic Information Questionnaire

Gender: Female_____Male_____

Education: BA/BS_____ BSW_____ MSW____ other____

Years of Social Work Experience_____

Years with Family Alternatives_____

MEMO

March 23, 1999

TO: Mr. Joshua Kent

FROM: Dr. Lucie Ferrell, IRB Chair

RE: Your IRB Application

I am writing in confirmation of the verbal IRB approval given you on March 15, 1999. Your study, "The Role of the Social Worker in the Kids Capacity Initiative: A Formal Evaluation of a Strengths Based Specialized Foster Care Program," has IRB approval number 99-15-3. Please use this on all official correspondence and written materials relative to your study.

Your research should provide valuable insight into the effectiveness of that program and be very useful. We wish you every success.

LF:lmn

c: Dr. Lois Bosch

Family Alternatives

416 East Hennepin Ave. #218
Minneapolis, MN 55414-1071
Phone: (612) 379-5341
Fax: (612) 379-5328

December 7, 1998

To: Members of the Institutional Review Board,
Augsburg College

This letter is to confirm that Joshua Kent has been given permission to interview social workers involved in Family Alternatives Kids Capacity Initiative Pilot Project as part of his graduate thesis entitled, "The Role of the Social Worker in the Kids Capacity Initiative: A formative Evaluation of a Strengths-based Specialized Treatment Foster Care Program." Family Alternatives has also agreed to transcribe the taped interviews to be conducted in the study. If you have any questions, I can be reached at 379-5341.

Sincerely,

Joan Riebel, MSW
Executive Director